

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
03-012

2. STATE  
Wisconsin

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
08/01/03

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
45 CFR 233.101 (a) (1)

7. FEDERAL BUDGET IMPACT:

a. FFY 2003

\$0K

b. FFY 2004

\$0K

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Text Page 18a .....

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Same

10. SUBJECT OF AMENDMENT:

Revision to the definition of an unemployed parent

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mark B. Moody

14. TITLE:

Administrator, Division of Health Care Financing

15. DATE SUBMITTED:

September 25, 2003

16. RETURN TO:

Mark B. Moody

Administrator

Division of Health Care Financing

1 W. Wilson St.

P.O. Box 309

Madison, WI 53701-0309

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

9/29/03

18. DATE APPROVED:

3/16/04

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Alan Freund, acting ARA

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator  
Division of Medicaid and Children's Health

23. REMARKS:

**RECEIVED**

SEP 29 2003

DMCH - MI/MN/WI

18a

State: WisconsinCitation45CFR 2.8 Unemployed Parent  
233.101

For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, the agency—

\_\_\_\_\_ uses the standard for measuring unemployment which was in the AFDC state plan in effect on July 16, 1996.

X uses the following more liberal standard to measure unemployment:

A person is considered unemployed if the income after deductions is less than the section 1931 eligibility standard. Two parent families are treated the same as one parent families.

TN No. 03-012

Supersedes \_\_\_\_\_

TN No. New

Approval Date

MAF 7 2004Effective Date 8/1/03